



## **Dialysis Facility Data on Medicare.gov National Provider Call Questions & Answers**

*June 29, 2023*

The questions below were received during the June 29, 2023, Dialysis Facility Data on Medicare.gov National Provider Call. Questions were submitted to the Centers for Medicare & Medicaid Services (CMS) via the Q&A box and answered either over the phone during the webinar or subsequent to the webinar by CMS subject matter experts, as part of the question and answer commitment for the remaining submitted questions not answered during the webinar.

**Question:** When will the Quality of Patient Care Star Ratings be updated on DFCC?

**Response:** The star ratings will be updated with the October 2023 release.

**Question:** What updates will be made to the October 2023 Patient Quality of Care Star Rating Release?

**Response:** The following updates to the Star Ratings will be incorporated into the October 2023 release:

- The Star Rating distribution in the baseline year has been reset to the bottom 10% 1-Star, 20% 2-Star, 40% 3-Star, 20% 4-Star, and top 10% 5-Star facilities.
- Risk adjustment for COVID-19 has been incorporated into Domain 1 measures (Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, and Standardized Transfusion Ratio).
- Domain 3, which includes the Total Kt/V and Hypercalcemia measures, has been down-weighted to 50% of its original weight in the overall calculation of the Star Ratings.
- Two transplant waitlist measures, Standardized Waitlisting Ratio and Percentage of Prevalent Patients Waitlisted, have been added to the Star Rating calculation as Domain 4.

**Question:** What measures are being adjusted for COVID-19?

**Response:** With the October 2023 release, we have incorporated patient-level, time-limited risk adjustment for COVID-19 for the following measures:

- Standardized Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- Standardized Readmission Ratio (SRR)
- Standardized Transfusion Ratio (STrR)

**Question:** What are the new measures being added to the DFCC October release?

**Response:** Two new measures are being added to DFCC for the October 2023 release:

- Standardized Emergency Department Encounter Ratio (SEDR)
- Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30)



**Question:** When is the preview period for the October 2023 release?

**Response:** The preview period is planned for July 15 – August 15, 2023.

**Question:** Why do these measures not align with the ESRD QIP measures?

**Response:** The ESRD QIP and the Dialysis Facility Care Compare are continuing to look at opportunities to align. While the quality of clinical star ratings and the QIP both provide information about quality performance, the programs have different objectives. The star ratings provide a summary of performance information for patients and other consumers to allow comparison of dialysis facilities based on current national-level performance data. On the other hand, the QIP is a value-based purchasing program that incentivizes achievement and improvement by linking quality scores to payment. But again, we are looking at alignment and continuing to reach out to stakeholders. We will have listening sessions in reference to ideas of how we can continue to align.

**Question:** It was stated that Quality Star ratings based on 2022 data would be released. Will the Quality Star rating data for CY 2021 be publicly released?

**Response:** UM-KECC's recommendation to CMS was that the CY 2021 star ratings not be publicly released. Because they included data from CY 2021 when the COVID pandemic was still quite in play and because they were going to be used as the baseline, the decision was made that it would be easiest and least confusing to begin with the CY 2022 data for public release.

**Question:** Where is the data for these new measures coming from?

**Response:** Principally, events are identified from Medicare claims data for outpatient or non-admission associated emergency department events. The new emergency department measures use all of our usual sources for our standardized measures. The remaining information regarding assignment of patients to facilities uses our usual techniques which have been published in the measures manual and rely on, EQRS, claims, and other federal administrative databases.

**Question:** I have questions about the adjustment of transfusion with patients who are blood transfusion-dependent due to oncology diagnoses.

**Response:** Due to the increased risk of blood transfusions in patients with certain diagnoses, we exclude patients that have a Medicare claim (Part A inpatient, home health, hospice, and skilled nursing facility claims; Part B outpatient and physician supplier) for hemolytic and aplastic anemia, solid organ cancer (breast, prostate, lung, digestive tract and others), lymphoma, carcinoma in situ, coagulation disorders, multiple myeloma, myelodysplastic syndrome and myelofibrosis, leukemia, head and neck cancer, other cancers (connective tissue, skin and others), metastatic cancer, or sickle cell anemia within one year of their patient time at risk. A complete list of ICD-9/ICD-10 codes used for these exclusions is available at [https://dialysisdata.org/sites/default/files/content/CodesForDFC\\_1.pdf](https://dialysisdata.org/sites/default/files/content/CodesForDFC_1.pdf).

Additionally, months identified as having Medicare Advantage according to the Medicare Enrollment Database are excluded from all transfusion calculations in order to ensure



completeness of information. Once patients are diagnosed with one of the conditions listed above, their time at risk is excluded until there is a full year free of claims indicating any diagnosis on the exclusions list.

Question: Do you anticipate any measures being added or removed in the clinical star rating in future-year releases?

Response: CMS regularly updates the DFCC website with new information and works closely with the kidney disease community to assure the quality measures reported on the website reflect best practices for ESRD patients on dialysis.

Question: Is CMS partnering with or recommending any value-based care software vendors that could help healthcare settings tackle closing measures?

Response: CMS regularly meets with members of the kidney disease community in numerous ways including patient focus groups, conference calls, webinars, and Technical Expert Panels (TEPs). CMS always welcomes comments on our work and suggestions for future work. CMS, however, is not permitted to recommend any specific vendors.